

Indiana State Department of Health

| | | | | |
|--|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012497 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 12/08/2011 |
| NAME OF PROVIDER OR SUPPLIER LAMPLIGHT INN AT THE LELAND | | STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH A STREET RICHMOND, IN 47374 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| R 000 | <p>INITIAL COMMENTS</p> <p>An Initial Environmental survey for State Licensure of a Residential facility was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 12/08/11</p> <p>Facility Number: 012497 Provider Number: 012497 AIM Number: NA</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Initial Environmental survey, Lamplight Inn At The Leland was found in compliance with 410 IAC 16.2-5-1.5, Sanitation and Safety Standards and 16.2-5-1.6, Physical Plant Standards of the Indiana Health Facilities Rules for Residential Care Facilities.</p> <p>This seven story facility with a basement was determined to be of Type II (222) construction and fully sprinklered. The facility has a fire alarm system with smoke detection on all levels including the corridors, common living areas, and sleeping rooms. The facility has a capacity of 79 and had a census of 0 at the time of this survey.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 12/14/11.</p> | R 000 | | |

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

RFZM21

If continuation sheet 1 of 1